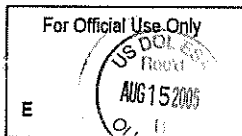


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7950</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>GARY</u> <u>S</u> <u>LABARBERA</u> P.O. Box, Bldg., Room No., if any _____ Street <u>C/O LOCAL 282 I.B.T. 2600 MARCUS AVE</u> City <u>LAKE SUCCESS</u> State <u>N.Y.</u> ZIP Code + 4 <u>11042</u>	4. Name, file number, and address of labor organization. Name <u>LOCAL 282 I.B.T.</u> Labor Organization File Number <u>609-185</u> P.O. Box, Building and Room Number, if any _____ Street <u>2600 MARCUS AVE</u> City <u>LAKE SUCCESS</u> State <u>N.Y.</u> ZIP Code + 4 <u>11042</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Gary S LaBarbera

On 8/8/05
Date

516-488-2822
Telephone Number

Name of Person Filing GARY S. LABARBERA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name COHEN, WEISS AND SIMON LLP</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any 25th FLOOR</p> <p>Street 330 WEST 42ND STREET</p> <p>City NEW YORK</p> <p>State N.Y. ZIP Code + 4 10036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name LOCAL 282 BENEFIT TRUST FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 2500 MARCUS AVE</p> <p>City LAKE SUCCESS</p> <p>State N.Y. ZIP Code + 4 11042</p>	<p>11.a. Nature of such dealing.</p> <p>LEGAL REPRESENTATION</p> <p>(B) 657.625</p> <p>11.b. Approximate dollar value of such dealing. (A) 424,124</p> <p>12.a. Nature of interest held or income received.</p> <p>MEALS ASSOCIATED WITH MEETINGS</p> <p>4/24/04, 12/7/04</p> <p>12.b. Amount. \$ 89.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing GARY S LABARBERA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name J & W SELIGMAN & CO.</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street 100 PARK AVE</p> <p>City NEW YORK</p> <p>State N.Y. ZIP Code + 4 10017</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9 b. or 9.c. is checked give trust or employer's name.</p> <p>Name LOCAL 282 PENSION TRUST FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street 2500 MARCUS AVE</p> <p>City LAKE SUCCESS</p> <p>State N.Y. ZIP Code + 4 11042</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;">MANAGES PENSION INVESTMENTS</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$ 350,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>MEALS ASSOCIATED WITH MEETINGS</p> <p>2/21/04, 3/29/04, 5/16/04</p> <hr/> <p>12.b. Amount. APPROX. \$ 150</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing GARY S. LABARBERA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name MACKAY SHIELDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9 WEST 57th STREET</p> <p>City NEW YORK</p> <p>State N.Y. ZIP Code + 4 10019</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name LOCAL 282 WELFARE FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2600 MARCUS AVE</p> <p>City LAKE SUCCESS</p> <p>State N.Y. ZIP Code + 4 11042</p>	<p>11.a. Nature of such dealing.</p> <p>MANAGES WELFARE FUND INVESTMENTS</p> <p>11.b. Approximate dollar value of such dealing. APPROX \$110,000</p> <p>12.a. Nature of interest held or income received.</p> <p>MEALS ASSOCIATED WITH MEETINGS</p> <p>2/22/04</p> <p>12.b. Amount. APPROX \$ 50.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing GARY S. LABARBERA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: UBS FINANCIAL</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: 333 EARL DRINGTON BLVD</p> <p>City: MITCHELL FIELD</p> <p>State: N.Y. ZIP Code + 4: 11553</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name: LOCAL 282 ANNUITY TRUST FOND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: 2500 MARCUS AVE</p> <p>City: LAKE SUCCESS</p> <p>State: N.Y. ZIP Code + 4: 11042</p>	<p>11.a. Nature of such dealing.</p> <p>MANAGES ANNUITY INVESTMENTS</p> <hr/> <p>11.b. Approximate dollar value of such dealing. APPROX \$ 100,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>MEALS ASSOCIATED WITH MEETINGS</p> <p>2/23/04</p> <hr/> <p>12.b. Amount. APPROX \$ 50.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>